

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	10/019,676
Filing Date	April 8, 2002
First Named Inventor	LI
Examiner Name	Zachariah Lucas
Group Art Unit	1648
Attorney Docket Number	2977-118
Confirmation Number	7819

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	REMARKS:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SUBMITTED BY				Complete (if applicable)	
NAME AND REG. NUMBER		Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE			DATE	September 23, 2005	DEPOSIT ACCOUNT USER ID
					02-2135

<b>FEE TRANSMITTAL</b> for FY 2005 (Large Entity)		Complete if Known	
		Application Number	10/019,676
		Filing Date	April 8, 2002
		First Named Inventor	LI
		Examiner Name	Zachariah Lucas
		Group Art Unit	1648
<input type="checkbox"/> Applicant claims small entity status	Attorney Docket Number	2977-118	
Total Amount of Payment	(\$1020.00)	Confirmation Number	7819

**METHOD OF PAYMENT** (check one)

- The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
- Payment by check enclosed

**FEES CALCULATION**
**1. FILING, SEARCH AND EXAMINATION FEES**

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee <i>filed before Dec. 8, 2004</i>	[ ]
	790		[ ]
1111	500	Utility Search Fee	[ ]
1311	200	Utility Examination Fee	[ ]
1002	200	Design Filing Fee <i>filed before Dec. 8, 2004</i>	[ ]
	350		[ ]
1112	100	Design Search Fee	[ ]
1312	130	Design Examination Fee	[ ]
1003	200	Plant Filing Fee <i>filed before Dec. 8, 2004</i>	[ ]
	550		[ ]
1113	300	Plant Search Fee	[ ]
1313	160	Plant Examination Fee	[ ]
1004	300	Reissue Filing Fee <i>filed before Dec. 8, 2004</i>	[ ]
	790		[ ]
1114	500	Reissue Search Filing Fee	[ ]
1314	600	Reissue Examination Fee	[ ]
1005	200	Provisional Filing Fee	[ ]

**SUBTOTAL** \$0

**2. CLAIMS**

Total Claims	Independent	Claims	Extra	
			Fee	Fee Paid
[ ]	- 20*	= [ ]	x \$50 = [ ]	
Claims	[ ]	- 3* = [ ]	x 200 = [ ]	
Multiple Dependent Claims		+ [ ]	x 360 = [ ]	

\*or number previously paid, if greater

**SUBTOTAL** \$0

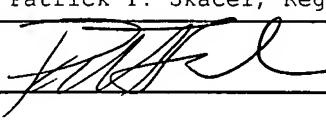
**SUBTOTAL** \$1020.00

**3. APPLICATION SIZE FEE**

Total Sheets [ ] - 100 = [ ]/50 = [ ]\*\* x \$250 =

\*\* Number of each additional 50 or fraction thereof

**SUBTOTAL** \$0

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE		DATE	September 23, 2005	DEPOSIT ACCOUNT USER ID
				02-2135